

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 195Registered No. 26

1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City Hayden

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Jose Valentin3. Sex of Child MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate Yes

7. Date

of birth March 23, 1930
Month Day Year

5. No., in order of birth

8. FATHER

Full name Jose Valentin

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race Mexican11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or county)

13. Occupation Laborer

Nature of Industry

14. MOTHER

Full maiden name Teodora Santa Cruz

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race Mexican17. Age at last birthday 24 (Years)

18. Birthplace

(State or county)

19. Occupation Wife

Nature of Industry

20. Number of children of this mother 2(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 8:15 A.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hueston

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address Hayden, ArizonaFiled Mar 24, 1930

Registrar.

Registrar.

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